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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 5121

SERIAL NUMBER 10/633,772	FILING OR 371(c) DATE 08/04/2003 RULE	CLASS 434	GROUP ART UNIT 3714	ATTORNEY DOCKET NO. MS-02/3/US
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### APPLICANTS

Elinor Isobel Forbes, Glenview, IL;  
James Carnegie Forbes, Glenview, IL;

### \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/841,377 04/24/2001 PAT 6,626,678  
which is a CIP of 09/583,378 05/30/2000 ABN  
and claims benefit of 60/232,149 09/09/2000

### \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 10/30/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 5	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

### ADDRESS

James C. Forbes  
101 Pointe Drive, #403  
Northbrook ,IL 60062

### TITLE

Method of providing mental stimulus to a cognitively impaired subject

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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